



FACILITY/ OWNER/OPERATOR INFORMATION UPDATE FORM (Multimedia)

The purpose of this form is to gather updated facility/owner/operator information pertaining to the subject facility that is regulated by more than one media (air, waste, water or has more than one facility in the Commonwealth of Virginia). To update the legal owner/operator and/or facility name, the facility must submit this completed "Facility/Owner/Operator Information Update Form (Multimedia)" and supporting documentation to the appropriate DEQ Regional Office. Applicable regulations and/or permits require notification of these changes for each media and facility. Failure to notify DEQ of these changes within the appropriate timeframes may constitute a violation on behalf of the facility. If this form has been sent in error, please contact your DEQ Regional Office for assistance:
<http://www.deq.virginia.gov/regions/homepage.html>

Facility Name Change ☐ Owner Name Change ☐ Operator Name Change ☐ All ☐
 (Please check applicable items above)

Please complete the following listing all permits, facility contact information, registrations or notifications for your facility(ies) in the Commonwealth of Virginia, and return with the appropriate signature and documentation. Addresses should be those to which permits, inspection reports and other types of DEQ correspondence are sent. If the facility contact is the same for all media, just write "same for all media." Space is provided for two separate facilities. If you need to add more, you may copy these pages or follow the same format and place them on a separate attachment.

(Please Print Clearly or Type)

Former Facility/Owner/Operator Name	
New Facility/Owner/Operator Name & Mailing Address (As Registered with the State Corporation Commission – Include a Copy of your Registration or Business License if Applicable. If not Registered, provide the Legal Name of the Facility)	

	FACILITY NO. 1	FACILITY NO. 2
Physical Location (your 911 Address) Include Street Address, City & Zip Code	Street Address: <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>	Street Address: <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>
	City: <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>	City: <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>
	Zip Code: <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div>	Zip Code: <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div>

Current Virginia Environmental Excellence Program Status: ☐ E2 ☐ E3 ☐ E4/EPA Performance Track ☐ N/A

FACILITY NO. 1 MAILING ADDRESS City: <div style="border-bottom: 1px solid black; width: 250px; display: inline-block;"></div> Zip Code: <div style="border-bottom: 1px solid black; width: 250px; display: inline-block;"></div>	FACILITY NO. 2 MAILING ADDRESS City: <div style="border-bottom: 1px solid black; width: 250px; display: inline-block;"></div> Zip Code: <div style="border-bottom: 1px solid black; width: 250px; display: inline-block;"></div>
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****Please complete all information for all media that apply to your facility:**

AIR ☐

AIR REGISTRATION(S)	Air Registration Number: _____	Air Registration Number: _____
Facility Contact <i>(Complete and attach first 3 pages of DEQ Form 7 to provide additional information, available at: http://www.deq.state.va.us/air/justforms.html)</i>	Name: _____	Name: _____
	Title: _____	Title: _____
Phone, Fax & E-mail		

WATER ☐

Water Permit(s): (VPDES, VPA, VWPP* & GP)	Water Permit Number: _____	Water Permit Number: _____
Water Facility Contact:	Name: _____	Name: _____
	Title: _____	Title: _____
Phone, Fax & E-mail		



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Regulated Tanks: All Underground Storage Tanks (UST); Leaking Underground Storage Tanks (LUST); and Above-Ground Storage Tanks (AST) (For USTs complete and attach DEQ Form 7530-2B or 7530-2; For ASTs complete and attach DEQ Form 7540-AST (04/04)) see: http://www.deq.virginia.gov/tanks/dwnlib.html	Tank Registration Number(s): _____ 	Tank Registration Number(s): _____
	Pollution Complaint Number(s): _____ 	Pollution Complaint Number(s): _____
Tanks/ Remediation Contact:	Name: _____ 	Name: _____
	Title: _____ 	Title: _____
Phone, Fax & E-mail:		

Ground Water Withdrawal Permit Numbers (GW Permits)	Permit Number: _____ 	Permit Number: _____
Ground Water Contact	Name: _____ 	Name: _____
	Title: _____ 	Title: _____
Phone, Fax & E-mail		

WASTE ☐

Solid Waste Permit	Permit Number: _____ 	Additional Permit Number: _____
Solid Waste Contact	Name: _____ 	Name: _____
	Title: _____ 	Title: _____



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Phone, Fax & E-mail		
Hazardous Waste - RCRA (Complete and attach a revised 8700-12 "Notification of Hazardous Waste") http://www.epa.gov/epaoswer/hazwaste/data/form8700/forms.htm	EPA ID Number: _____ _____	Additional EPA ID Number: _____ _____
Hazardous Waste Contact:	Name: _____ _____	Name: _____ _____
	Title: _____ _____	Title: _____ _____
Phone, Fax & E-mail		

Signature and Title On Behalf of the Corporation, Owner, or Legal Representative:	Date:
Signature: _____	
Title: _____	
Printed Name: _____	Phone Number:

Signature and Title On Behalf of the Corporation, Previous Owner, or Legal Representative (If Applicable):	Date:
Signature: _____	
Title: _____	
Printed Name: _____	Phone Number:

****Note:** Please review the 'General Instructions Sheet' enclosed with this form to ensure that all applicable regulatory requirements pertinent to this information update are adequately addressed and that the signatory of this form meets the requirements and understands the certification statement.